(Signature of person mailing paper or fee)

ATION NO. (IF KNOWN, SEE 7 02

INTERNATIONAL APPLICATION NO.
PCT/DK99/00719

ATTORNEY'S DOCKET NUMBER GRP-0003

. The following fees are submitted:.									CALCULATION	S PTO USE ONLY	
BASIC NATIONAL FEE (37 CFR 1.492 (a) (1) - (5)): Neither international preliminary examination fee (37 CFR 1.482) nor										·	
	inter	national	search fee (37 CFI	R 1.445(a)(2))	paid to USPTO						
	and I	nternati	onal Search Report	not prepared	by the EPO or JPO	• • • • • • • •		\$1000.00			
⊠	International preliminary examination fee (37 CFR 1.482) not paid to USPTO but International Search Report prepared by the EPO or JPO \$860.00										
	International preliminary examination fee (37 CFR 1.482) not paid to USPTO but international search fee (37 CFR 1.445(a)(2)) paid to USPTO										
	☐ International preliminary examination fee (37 CFR 1.482) paid to USPTO but all claims did not satisfy provisions of PCT Article 33(1)-(4)										
ENTER APPROPRIATE BASIC FEE AMOUNT =									\$860.00		
Surcharge of \$130.00 for furnishing the oath or declaration later than											
	s irom		iest claimed priority date (37 CFR 1.492 (e)). NUMBER FILED NUMBER EXTRA				RATE	\$0.00			
Total claims					3		x	\$18.00	\$54.00		
			4	- 20 =	1		x \$80.00				
independent claims				- 3 =	1		Х.		\$80.00 \$0.00		
Multiple Dependent Claims (check if applicable).											
TOTAL OF ABOVE CALCULATIONS = Applicant claims small entity status. (See 37 CFR 1.27). The fees indicated above are									\$994.00		
_ r	reduced by 1/2.								\$0.00		
Ū				- <u> </u>		SUB	<u>ro</u>	ΓAL =	\$994.00		
Processing fee of \$130.00 for furnishing the English translation later than 20 30 months from the earliest claimed priority date (37 CFR 1.492 (f)).								\$0.00			
TOTAL NATIONAL FEE =								\$994.00			
Fee for	Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be										
accom	accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31) (check if applicable).										
TOTAL FEES ENCLOSED =								\$994.00			
									Amount to be: refunded	\$	
									charged	\$	
a.	\boxtimes	A ch	eck in the amount	of \$994	.00 to cover the	above fee	s is e	nclosed.			
b.	Please charge my Deposit Account No in the amount of A duplicate copy of this sheet is enclosed.								to cover the above fees.		
c.	The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 06-1130 A duplicate copy of this sheet is enclosed.										
d			•						ome public Credit e	ard	
u.	d. Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.										
NOTE	E: Wh	iere an	appropriate time	imit under 37	CFR 1.494 or 1.495 te the application to p	has not b	een	met, a petitio	on to revive (37 CFF	t	
			_		e the application to p	chaing st	atus	•		1	
SEND	SEND ALL CORRESPONDENCE TO:									\mathcal{A} .	
CANTOR COLBURN LLP SIGNATURE									//		
55 Griffin Road South								ONATORE			
Bloomfield, CT 06002 Telephone: 860-286-2929 Daniel F. I								aniel F. Dre	exler		
Customer No. 23413							NAME				
							47,535				
							REGISTRATION NUMBER				
						June 20, 2001					
DATE								AIE			